AIDS HEALTH PROMOTION
Exchange

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Global Programme on AIDS
Health Promotion Unit

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EDITORIAL

Peter Franzkowiak

Adolescent development and its implications for AIDS prevention

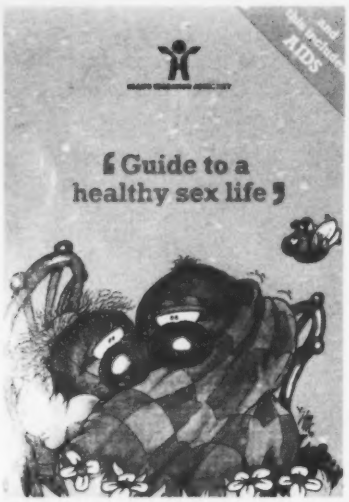
Adolescence is a crucial phase of life, not only for health education and health promotion in general, but also for HIV prevention and AIDS education specifically. Girls and boys, young women and men, are faced with various developmental tasks with which they must come to terms in order to achieve necessary biological and psychosocial progress. In industrialized countries, five facets of these developmental demands have been demonstrated which bear a significant relationship to HIV prevention. Discussions at the Yaoundé conference indicated that they may well apply to developing countries as well. These topics are:

- "body": mastering the physical changes which accompany puberty and learning to accept one's own physical appearance;
- "sexuality": acquiring sexual experience and engaging in intimate partnerships;
- "role": coping with social and gender role expectations;
- "risk-taking": handling individual willingness and social pressures to take various health risks (for example, consuming legal and illegal drugs, searching for physical or sexual thrills);
- "peers": building up social relations and a circle of friends outside the family, becoming more and more independent of parents, or leaving home).

As a developmental task, sexuality may entail a potential risk of HIV infection since young women and men usually change sexual partners before they establish long-term intimate partnerships. Furthermore, a large majority of adolescents gather their initial and subsequent sexual experiences without condom protection. Developmental risk-taking in some regions which leads to experimentation with illegal narcotics may expose a small part of the juvenile population to IV drug use.

Therefore, a main goal of AIDS prevention for adolescents should be to influence their sexual and risk-taking behaviours in the context of their life-styles – taking different cultural, economic and familial backgrounds into account. In many countries children and adolescents in general are not yet a high-risk group. Nevertheless, they are regarded as one of the most relevant target groups for prevention and education since short-term sexual encounters, changing partners or drug use often seem to be common elements in the development of girls and boys alike.

best copy available



"A healthy sex life" is the context in which this booklet from the Health Education Authority in the United Kingdom provides information about STD and AIDS.

Comprehensive AIDS education is likely to be most effective when it is presented very early during adolescence, that is, at times and developmental stages when sexual, role and risk behaviours are still in the making and may be more easily influenced or changed than later on. To achieve this objective, HIV prevention for adolescents needs to adopt a broad perspective and methodology which integrates AIDS education into sex education and health promotion. Preventive strategies will have to take into account the major domains and interests of adolescents: sexuality, partnerships, the prevention of unwanted pregnancies and STDs and risk-taking. Medical information and knowledge concerning routes of HIV transmission need to be linked with practical education and support of young people regarding risk-reducing skills via communication and safe sex (or "safe use" in the case of IV drug users).

In practical terms, much can be learned from family-planning education, that is, from educational experience in trying to prevent unwanted pregnancies and abortions and education on contraception. Information about the dangers of HIV transmission should always be coupled with guidance on preventive measures involving personal communication. AIDS education should be rooted in individual and group action, building upon an atmosphere of trust between adolescents and adults both in- and outside schools.

In a growing number of countries throughout the world, specific AIDS education programmes are already being complemented by the inclusion of AIDS components as an integral part of sex education, family planning, drug prevention and health promotion. This trend should continue and the effectiveness of both approaches evaluated. ■

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GPA NEWS

WHO inter-country workshop on monitoring and evaluation of AIDS health promotion activities in Dhaka, Bangladesh

The first in a series of regional inter-country workshops in monitoring and evaluating AIDS health promotion activities was held in January in Dhaka, Bangladesh. Twenty-five participants from nine of the 11 countries of the Southeast Asian region attended the workshop (Bangladesh, Bhutan, DPR Korea, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, Mongolia). They focused on monitoring and evaluation as a practical tool to help national AIDS health promotion programmes function more effectively. Research designs, methods and strategies which allow health promoters to answer relevant questions at every stage of the programme were discussed.

There was a strong practical component in the workshop. The participants not only had the opportunity to exchange monitoring and evaluation experiences; they also worked on alternative evaluation designs using the example of a teacher-training programme designed to provide teachers with the knowledge and skills needed to implement in-school curricula for the prevention of HIV/AIDS. In addition, they spent a day in the field visiting educational and other institutions, conducting interviews and focus groups on knowledge about and attitudes to-

Participants of the WHO inter-country workshop on monitoring and evaluating of AIDS health promotion activities in Dhaka, Bangladesh, interviewed families in one of their field exercises.

wards HIV/AIDS among young people, evaluating AIDS posters and pamphlets and pre-testing the research tools which they had developed during the workshop. ■

PROGRAMME FEATURE

AIDS education and the Afro-Brazilian culture

Elizabete Inglasi Arevalo, Maria Eugenia Lemos Fernandes and Gilberto Ferreira

Mobilization and training of leaders of the Afro-Brazilian religious group Candomblé by the State Secretariat of Health in Sao Paulo, Brazil, have increased the use of protection measures against AIDS during Candomblé ritual ceremonies.

The highest percentages of AIDS cases reported to the Ministry of Health in Brazil have come from Sao Paulo State. Given this situation, in 1988 a multidisciplinary professional group within the state's Secretariat of Health formed an Education and Training on AIDS Unit (ETU); one of their strategies is to mobilize and train community leaders to act as information providers in a front-line educational programme on AIDS.

Ten permanent working groups have been established to mobilize leaders working in different fields (for example, drugs, unions, schools, abandoned children, sex work). Each group evaluates the current situation in their area of interest and together with the ETU establishes policies and AIDS prevention activities meeting their specific needs.

One of the groups, GREAS (Religious Group for Education, Assistance and Solidarity), incorporates representatives of 18 different religions. They coordinate their activities through regular meetings with the ETU, have participated in training courses and are working on home care for AIDS patients.

A special programme has been developed for, and in conjunction with, the leaders of one specific religious group, the Candomblé. Though the Candomblé is represented in GREAS by its religious leader Gilberto Ferreira, it was decided that a special programme, separate from those developed, for example, with Christian churches, was needed given the specific risks of HIV transmission inherent in some of the Candomblé rituals.

Candomblé

Candomblé is a religious movement originally developed by Black slaves, based on African concepts. Its adherents believe in the power of various gods (Orixas), some of whom are equated with Catholic saints. The religious leaders, called Babalorixas and Yalorixas, serve as oracles; people may ask the Orixas for help with problems (such as illness) through them. As the petitioners need not convert to Candomblé in order to make such requests, people from other (Christian) religions occasionally also seek the oracles' help. Today the Candomblé followers belong to all social classes and racial groups; it is estimated that at least one-third of Brazil's 150 million inhabitants are acquainted with or have participated in a Candomblé ritual.

A number of those rituals involve the making of incisions and cuts. If a Candomblé member has the potential to represent an Orixa, that is, to become a *Pai de Santo* or healer, he must undergo

READEX FICHE

Candomblé healers or* Pais de Santo *who are trained in the Candomblé AIDS programme are now promoting "safe rituals" and use disposable or individual knives and gloves.

The religious leaders called Babalorixas and Yalorixas serve as oracles.

an apprenticeship process lasting one to seven years and involving various rites. During the 21 days prior to the initiation proper, when the Orixa "takes his place in the person's head", the initiate is sequestered, meditates and learns to know the Orixa; he thereby acquires a specific way of working, which is expressed through a special way of dancing. During this preparation period his head is scraped with a knife three or four times. On the day of initiation a number of small cuts or incisions are made on the head, leaving scars typical for his Orixa; incisions are also made on the shoulders, chest, hands and soles of the feet using a cane knife as tradition dictates. In Sao Paulo and some other provinces, such initiation ceremonies often take place collectively. The same knife is generally used to scrape all the initiates' heads and since it is not disinfected, a risk of HIV transmission occurs. All who undergo this initiation come to be called *Hijo de Santo* (Son of the Orixa); as the apprenticeship period proceeds they learn more and finally a ceremony takes place in which the oracles decide whether they finally become a Pai de Santo.

When individuals ask the Orixas for help, such as for curing an illness, the ritual *cuerpo cerrado* ("closed body") takes place. The petitioners take herbal baths and receive small incisions of about 1 cm on the arms and chest. During these rites, which take place in the Candomblé houses (*terreiros*), the same knife is often used for all the petitioners, again without any sterilization taking place.

The Babalorixas and Yalorixas also participate in another ritual involving blood: the funeral ceremony. When a *Pai de Santo* or *Hijo de Santo* dies, the Orixa must leave his body. A religious leader re-opens the original scarified incisions on the head, making a cut in the form of a cross, and collects the bloody secretions in an object belonging to the person. This is thrown into the ocean together with the person's other Candomblé effects. The Babalorixas and Yalorixas do not use protective measures, such as rubber gloves, so they run some risk of contamination.

Exploratory study

The members of the ETU did a small exploratory sociological study (including literature research and interviews with various religious leaders) in order to establish an educational strategy. They discovered that:

- many people who are scarified when they petition the Orixas for help are ill with various illnesses transmitted via the blood, such as hepatitis B – some are infected with the HIV virus and have AIDS;
- many *Pais de Santos* have died of AIDS;
- a large number of petitioners are homosexual or bisexual;
- many of the Candomblé houses are located in peripheral areas where intravenous drug use is frequent.

According to Gilberto Ferreira, about 45% of Sao Paulo's residents visit Candomblé houses on occasion and about 15% of the population regularly do so. This meant that the *terreiros* would constitute an excellent avenue for education and prevention activities.

Candomblé AIDS programme

In November, 1988, the ETU, with the assistance of a Candomblé religious leader and his wife, organized a meeting with 40 Candomblé leaders. They developed a programme incorporating the following aspects:

- mobilization of Babalorixas and Yalorixas to become providers of information on AIDS for Candomblé followers;
- education of followers on safer methods to be used during the initiation, *cuerpo cerrado* and funeral rituals without disrupting the Candomblé traditions and beliefs in the Orixas; and
- calling the scientific community's attention to the fact that such rituals should be included in epidemiological studies.

In order to achieve these goals, four steps have been undertaken. An informative 20-hour training course on AIDS has been held for Candomblé leaders; an informative video and special poster for distribution in Candomblé houses were made; a manual on safety measures to prevent HIV transmission was prepared for Babalorixas, Yalorixas and their assistants; and monthly meetings have been held for the religious leaders to discuss and evaluate the prevention programme.

It can be concluded that the programme has been characterized by mutual

respect between the educational team and religious leaders. The Candomblé religious movement has proved to be an efficient and rapid avenue for providing information since rituals are held at least every fortnight in the *terreiros*. Moreover, armed with their knowledge on the prevention of HIV transmission and with the assistance of the educational team, the Babalorixas and Yalorixas have been able to help people confront the HIV epidemic without prejudice or rejection and have contributed greatly to prevention and the support of HIV-positive people and AIDS patients. ■

Elizabete Arevalo and Maria Eugenia Lemos Fernandes are, respectively, a social worker and the director of the ETU, Secretaria de Estado da Saúde, Rua Antonio Carlos 122, CEP 01309, Sao Paulo, Brazil. Gilberto Ferreira is a religious leader, Oga, of the Candomblé.

COUNTRY WATCH

This regular column focuses on innovative AIDS health promotion materials and strategies. Brief notes from readers on evaluation results, rapid assessments or pre-testing are also included. Suggestions from readers on items for this column are appreciated.

Dominican Republic

Since 1985 teenagers have been trained in the Dominican Republic as peer sex educators; in 1988 AIDS education was incorporated into this programme.

The basis for the programme was formed by action research. First, 160 students aged 13-19 years at a private Catholic and a public high school were randomly surveyed. The survey revealed a low incidence of positive attitudes towards sexual abstinence (only 17% of males and 32% of females), mutual masturbation (29 and 12%, respectively) and condom use with a loved partner (37 and 16%, respectively).

A second study was done among 240 young men aged 18-27 years in order to determine Dominican teenagers' likely future behaviour. The results indicated that 44% had initiated sexual relations at age 15 or younger; the middle/ upper-middle class men showed a higher prevalence of risk behaviour related to coitus with more than 10 partners, unfaithfulness to the current partner, anal sex with women and first sexual relations with a female sex worker. The lower-class men, on the other hand, had more frequently had at least one homosexual relationship.

Using the information from these studies and focus group discussions, 250 24-page rotafolios were produced in July, 1988. These were used to train 75 teenage peer educators, 25 school counsellors and 75 public health educators. Some evaluation was was carried out and it indicated that there were positive results. An unexpected side-effect has been observed. Stimulated by the educational material, the teenagers are now asking the peer educators to repeat the talks so that their parents can attend them. Their motive is to ensure their parents' safety as well as their own.

Zanzibar

In 1988, eight months after a national AIDS Control Programme (NCAP) was initiated in Zanzibar, a KABP survey revealed that only 45% of the population knew something about HIV transmission and prevention. During that eight-month period, the number of registered seropositives rose from 46 to 71, two-thirds of them being men in their most reproductive years. Because the NACP's staff resources were limited, it was decided to adopt a participatory approach to AIDS communication in order to disseminate information as rapidly as possible.

A committee, comprising representatives of the media, the Ministry of Information, Arts and Culture, the Ministry of Sports, the local political party and programme staff, planned strategies and mobilized other community members

Poster and logo of the Zanzibar AIDS Control Programme

The health professionals' role was to provide the community members with facts about AIDS and opportunities to obtain further information, to collect the materials they developed and to organize distribution of the materials in conjunction with them.

Thus far community participation – particularly in urban areas – has been enthusiastic. The activities have included the production of an AIDS logo, posters, drama and a Taarab song competition (Taraab music, which consists of singers accompanied by a large orchestre, is a popular form of entertainment). All 14 Taarab groups in Zanzibar (ca. 500 musicians) participated in the competition, which was attended by the President of Tanzania and his wife, political leaders, NGOs, UN representatives and a cross-section of the community.

A household survey conducted four months after the programme's start showed some changes in public knowledge. For example, 98% of the respondents had become aware of AIDS and the fact that it is fatal. Whereas 47% of the respondents in the KABP survey thought that eating, shaking hands or living with AIDS patients is risky, only 33% did so in the household survey.

The surveys also indicated areas in which further work must be done. Though rural residents are aware of AIDS, they know less about transmission and prevention than urban dwellers. No rural respondents, for example, had ever used condoms for contraception or prevention; 19% of town respondents used them to prevent disease, 5% doing so regularly.

Further plans for the participatory programme focus on reaching out to the rural populace. Seminars and workshops are planned for community leaders, fishermen, youths and sex workers. One seminar has already been held for prominent religious, political and community members to discuss the use of condoms. It is hoped that similar discussions with other community members will eventually lead to increased knowledge, acceptance and the promotion of condom use.

United Kingdom

In Western England, two puppeteers, a theatre director and an AIDS educator have been helping establish a youth puppet theatre for education: one of the issues which young people themselves selected for puppet plays is AIDS.

In an initial weekend workshop, five male and nine female youths, aged 15-25 years, received information about AIDS and discussed their opinions about it and ways to reduce risk of sexual transmission. They then developed scenarios and characters for a puppet play.

Development of the scenarios involved a number of steps. The participants compiled a list of terms for genital organs, vaginal sex and people who have numerous relations – after selecting the terms which could be used most appropriately in a puppet play, they identified the issues which would be most relevant for inclusion in a scenario. These included: the facts that ordinary people may be infected if they engage in risky activity and that one cannot be sure who is infected by looking at people or asking them about it; information on transmission and misconceptions; difficulties in talking about sex and the pressure young people experience to have sex; and boys' macho attitudes which make them believe "it cannot happen to me".

Role-playing, in which the group acted out the worst things that could happen if they brought up the subject of AIDS or safer sex with a boy- or girl-friend, revealed that the boys were most concerned about being laughed/sneered at and losing an opportunity to have sex. The girls worried most about being rejected and loss of love.

Next, a group of characters was developed, including such personalities as "Romantic", "Superstud", "Scared" and "Business-man's Girl-friend". Using different types of puppets, the young men and women practised puppetry with short scenarios which they devised themselves. Finally, at the end of the weekend smaller groups presented mini-plays to the other participants.

In evaluating the workshop, the young people all indicated that they felt more able to talk about AIDS and that puppet plays could help others talk more openly about difficult issues. Thirteen of the 14 participants wanted to help continue developing the youth puppet theatre.

The workshop facilitators felt that the mini-plays could form the basis for a longer play in which HIV is seen going from

one person to another because people are not protecting themselves. With funding from the Swindon Education Authority, support from local workers and further input from the facilitators, the group is now going to develop their puppetry skills and develop an educationally and dramatically sound script with music.

For further information: Body Rappers, Crofts Sports Centre, Marlborough Lane, Swindon SN3 1RA, United Kingdom. ■

EVALUATION NOTES

The evaluation of a national drug and AIDS education campaign for youth

John Davies

An innovative campaign developed by the Scottish Health Education Group targeted young people in Scotland. It combined the topics of AIDS and drugs within the context of young people's broader social and health concerns. Evaluation afterwards indicated which elements were effective and which problematic.

Though drug and AIDS-related issues are of concern throughout Britain, the situation in Scotland differs from that elsewhere in the nation in that:

- a major impact of AIDS has fallen on drug misusers;
- drug misusers tend to live in communities already affected by a wide range of social, economic and health-related problems;
- AIDS patients and HIV-infected persons are distributed more equitably between the genders; and
- perhaps most significantly, the heterosexual orientation of the vast majority of drug users means that issues associated with the heterosexual spread of HIV are more urgent.

Based on its experience in drug misuse and health education generally, the Scottish Health Education Group (SHEG) has pursued a strategy of not isolating AIDS from all of the other pressures and circumstances which determine health-related behaviour. In March-April, 1989, SHEG produced an innovative campaign aimed at young people in Scotland which combined the topics of AIDS and drugs within the context of young people's broader social and health concerns.

Background to the campaign

SHEG's work in public education has been heavily influenced by marketing and commercial advertising. Education campaigns are directed to fit the target audience's required needs and consumer feedback at each stage is essential to their success.

The campaigns create awareness, provide information and promote appropriate values and skills to interact with and support the work of various national and local agencies/workers. Research and development work underpin the programmes, which comprise planning, development, implementation and evaluation stages.

Analysis of the literature suggested that AIDS and drugs could be brought together in a way which was effective and logical. The ultimate aim of the Scottish campaign was to encourage and reinforce behavioural change by equipping young people with material which would help them adopt safer sex practices and handle situations in which drugs are being offered.

Pre-testing

The original concept of situating drug use and the risk of AIDS within a broader framework was tested by the Advertising Research Unit of the University of Strathclyde. Their research showed that press advertising had great strengths in reaching the target group and was appropriate for the subject matter.

One of the advertisements used in the Scottish Health Education Group's drugs and AIDS information campaign

The young people involved in the pretesting expressed a need for help and advice on how to make health-related decisions. Their interest was not in AIDS or drugs as such, but in the broader issues of how to handle relationships and use information in their day-to-day lives. In particular, there was a strongly expressed need for discussion of sexuality. The respondents felt information should be placed within the context of recognizable situations.

It was decided that the advertising format should follow the style of the tabloid papers in which it would appear: high-impact visuals and headlines and copy organized in small, readable sections.

Production

The test material was adapted and finalized in consultation with the Scottish Home and Health Department. The copy had to be adapted to meet editorial concerns in one newspaper.

Six full-page advertisements appeared between 6 March and 21 April, 1989, in the Scottish tabloid and local press. Potentially, 80% of the target group could have been reached by this coverage. Over the same period, 100,000 copies of an eight-page full-colour magazine (*The Scene*) were distributed via schools, health centres and John Menzies record stores, who had agreed to give a copy to all 16- to 25-year-old customers. *The Scene* was promoted in the advertisements and its contents mirrored theirs.

Quantitative evaluation

The quantitative phase of the campaign evaluation involved a total of 1434 young men and women aged 16-25 years; they were single and socially and sexually active. This representative quota sample was controlled in accordance with the demographics of the 16- to 25-year-old population; 60 sampling points throughout Scotland were used. The evaluation method used was questionnaire interviews at the respondents' homes.

Spontaneous awareness of the campaign material was difficult to establish due to the enormous range and quantity of media material available on both AIDS and drugs. Prompted awareness of the "sex" advertisements, however, ranged from 42 to 17%, with the advertisement featuring two young people discussing condom use having the greatest impact.

Prompted awareness of *The Scene* was 11% (on a print run which provided copies for less than 20% of the target audience). Recall of the magazine was highest among 16- to 18-year-olds; the majority of respondents had received the magazine across John Menzies record counters. The magazine format was very well received as a way of conveying this type of information.

In terms of identification, about half the respondents felt that the campaign was targeting "people like them"; a similar percentage felt that it succeeded in reaching them. However, large numbers also felt that the campaign was trying to reach "people who sleep around", "people who are easily led" and "drug takers" and had not succeeded in reaching them. These responses may reflect the young peoples' perceptions of whom such a campaign should be trying to reach and perhaps were a means by which they distanced themselves from those groups.

The young people considered themselves well-informed about AIDS and drugs and felt that much of the information had not told them anything new. However, the advertisements were perceived as "helpful", "believable", "understandable" and "true of life". Perceptions of the campaign's major theme depended on which aspect interested the respondents most. Fifty-seven per cent felt the main issue to be drugs, 37% thought it was AIDS while 25% saw sex and relationships as the core concern. Though the campaign succeeded in communicating that it was about a number of concerns, it was less successful in bringing them together around a unifying theme. Creative objectives in terms of comprehension, communication and relevance were met, but the campaign lacked impact.

Qualitative evaluation

The results of the quantitative evaluation provided the basis for a discussion guide used in the qualitative evaluation. The young people participating in this phase had characteristics similar to those of the respondents in the quantitative evaluation. Group discussions were held with six respondents per group. They were

segregated by sex, had a coordinator of the same sex, lasted two hours and were held in the recruiters' homes or suitable hotels. The discussions encompassed broad issues of health and life-styles as well as specific responses to the campaign materials.

Though health issues were rarely discussed by the young people, they confirmed that relationships, varying feelings of control over their lives and peer-group pressure were all factors which influence them. The respondents regularly used alcohol and did not consider it a health risk. A sharp distinction was made between "hard" and "soft" drugs, particularly cannabis which was regarded as less harmful than cigarettes and alcohol and socially acceptable.

There was little indication of shifts in sexual behaviour as a result of AIDS. Although basic information was registered, the respondents deflected perceptions of risk by perceiving AIDS as an issue for a different social class or geographical area. They were not emotionally convinced that they were at risk and consequently few had changed their behaviour regarding condom use.

The SHEG material was most successful with younger, female, drug-injecting and sexually-cautious respondents. Overall, the response was mixed and there was much criticism of the presentation which did not fit with preconceived notions of press advertising on health issues. The layout, copy density and nonsensational style reduced impact, while there was some confusion due to the range of styles and topics in each advertisement. There was particular concern over the tone, which was seen to be too directive and suggestive of a particular moral position.

More positively, the approach was acknowledged as low-key, different and close to everyday life. The issues of sex and AIDS were considered the most urgent and relevant concerns for the older members of the target group. There was some confusion about the inclusion of drugs, especially among the large number who felt they had decided not to use drugs.

Response to *The Scene* was positive and enthusiastic. It was considered eye-catching, interesting and easy to read. The presentation of a range of issues was much more acceptable in this magazine format, although it was felt that the cover targeted the publication towards young teenage girls. There was also some criticism of the distribution channels which had not delivered the magazine to the respondents.

The qualitative evaluation suggests that although use of the press can produce high levels of awareness, a more traditional approach focusing on a single issue with good visual impact might be more effective. Less emphasis should be placed on advice and the approach should be more factual and dispassionate. Targeting is also important, with both parts of the evaluation indicating differences between ages, genders and those who do or do not have an interest in drugs.

Future campaigns

Our research clearly indicates the difficulties of combining drugs and AIDS in a single campaign, despite the educational logic behind this. As a result, we will deal with the two issues separately this year, though each will still be placed within a broader context of life-style issues. This will allow clearer targeting of the material, with messages on drugs being tailored for 13- to 16-year-olds and those on AIDS for 16- to 18-year-olds.

The budget for drug education is limited and so public education will be restricted to a single magazine-style publication. SHEG will again support television work at the UK level by the Health Education Authority and Department of Health. The drug magazine, which will be launched to coincide with the television campaign, will primarily be distributed through schools, although we will again seek the co-operation of John Menzies and other relevant commercial outlets. All materials will undergo pre-testing and be evaluated.

Our work in AIDS will encourage safer sex practices through a range of secondary objectives, including the stimulation of discussion among peers and provision of information. At the core of the campaign will be two magazines. Emphasis will be placed on producing an acceptable tone and presenting information neutrally while still challenging present attitudes and indicating the range of moral and behavioural options available. The presentation will be attractive and acces-

Front cover of The Scene

sible but "serious" and authoritative. The press will be used sparingly but effectively to draw attention to the magazine and its contents. The key to the magazine's success will be distribution and a number of new routes are being explored.

As is our practice, there will be close liaison with the Scottish Home and Health Department and other relevant agencies. Guided by frequent and vigorous research, we envisage a regular stream of publications which will build distribution channels and develop much higher levels of awareness. We believe that the research supporting a magazine-style publication for young people has been so consistent over the last few years that it justifies the establishment of such regular publications. ■

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Fig. 1 Workfield

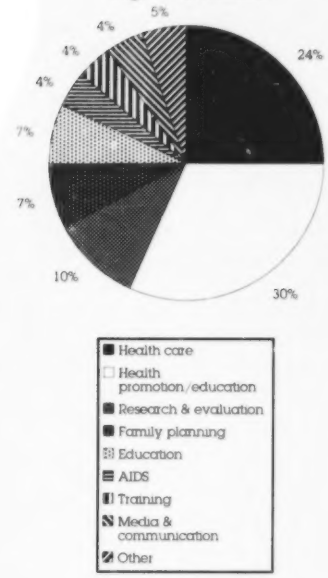
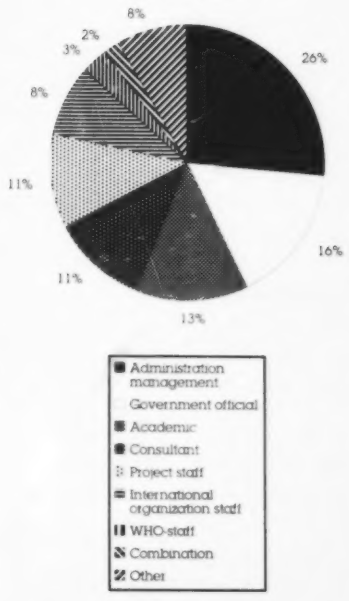


Fig. 2 Position



Exchange readers survey

This year the *Exchange* begins its third year of publication. Its contents and format during the first year were evaluated by means of a reader survey inserted in the last issue of 1988. The response was very encouraging; almost 10% of the surveys were returned. Here, we would like to provide you with an impression of the results and our conclusions.

Profile of *Exchange* readers

From the outset, the *Exchange* has been targeted to people involved in AIDS health promotion and education, particularly in developing countries, and those connected with National AIDS Committees (NACs) and National AIDS Prevention and Control Programmes. Thirty per cent of the 614 respondents to the survey do indeed work in AIDS health promotion and education. The remaining readers include other health professionals (24%) and people involved in research and evaluation, family planning and population, education, media and communications, training and AIDS (broader than AIDS education). Five per cent are involved in social work, community development, the promotion of cooperatives and relief work (Fig. 1).

About 42% of the respondents are in a decision-making position and responsible for the planning and implementation of programmes (government officials and administrators/managers). Another 35% can be considered advisers to programme planning and implementation (consultants, academics, international organization staff and WHO staff; Fig. 2).

Some 60% of the respondents are involved in AIDS-related work 50% or more of their time, while the work of only 3% has no connection with AIDS (Fig. 3).

The geographical distribution of the readers' workplaces seems rather balanced, with 21% working in Africa, 18% in Asia and the Pacific, 20% in Latin America and the Caribbean, 21% in the USA/ Canada, 10% in Europe and 8% on more than one continent (Fig. 4).

On the whole, the newsletter does appear to be reaching those whom it has intended to reach. Our initial priority – to inform NACs about health promotion – has been accomplished. We nevertheless want to continue the *Exchange's* role as a purveyor of information to NACs and AIDS health promoters and educators about the basic principles and strategies of AIDS health promotion activities in order to reinforce previous messages. We also want to inform new audiences and address community organizations, teachers and the media more explicitly due to their important role in the diffusion of AIDS health promotion and education. This will be reflected both in our contents and distribution policies in future.

Contents and style of the *Exchange*

From the survey responses we learned that the *Exchange* is liked because of its global perspective (25%) and the simplicity/clarity of its presentation (13%). These and other answers, such as variety of issues, topicality, brevity/conciseness, informativeness, practicality and factuality, support our current choice of contents and style.

Nevertheless, some 60% of readers mentioned that they were interested in

Fig. 3 Work related to AIDS

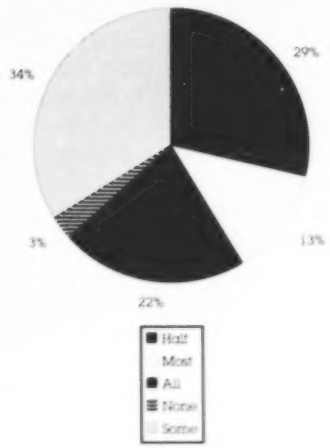
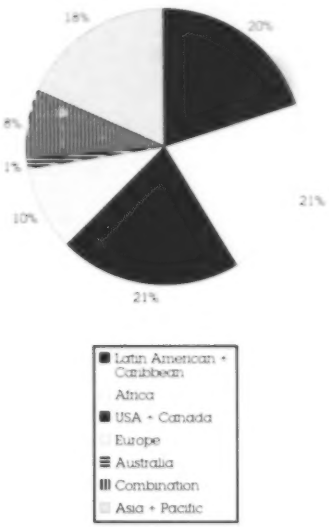


Fig. 4 Place of work



other areas of AIDS in addition to health promotion/education: prevention in a broader context, counselling and care, epidemiology, laboratory aspects, clinical aspects, treatment and vaccines, ethical and legal issues. About one-third would like to see topics other than health promotion/education included in the *Exchange*. Should the *Exchange* therefore broaden its range of topics?

We prefer not to do so. Other newsletters, such as the *WHO AIDS Technical Bulletin*, *AIDS Action*, *WorldAIDS* and *AIDS Watch*, already cover such aspects. Rather than include them in the *Exchange* as well, we would like to recommend that those of you who would like information about those topics check these other AIDS newsletters. For further information in this respect, see the box at the back of this issue.

The *Exchange* will thus continue to provide information on global experiences concerning the basic principles and strategies of AIDS health promotion. What will be new is the occasional inclusion of think-pieces about the role of health promotion, notices on relevant events and restatements of simple AIDS health promotion messages specifically for school and community groups and health professionals not directly involved in AIDS education. For the media we are also considering the provision of inserts which summarize and highlight items of interest in each issue, so that more of the information can be made available to the general public.

We would also like to increase regional involvement in the *Exchange* by means of:

- regular input from WHO/GPA's Regional Resource Centres;
- reports from WHO's Regional Offices on regional meetings; and
- the possible inclusion of special regional inserts.

In response to other suggestions for improvements, we will start a correspondence column in the next issue so as to increase possibilities for the exchange of information and opinion. Let us hear from you!

We will also see to it that all information is accompanied by the addresses of the organizations and persons mentioned in the articles and Country watch items.

Design and distribution

Some survey respondents made suggestions about enhancing the *Exchange's* readability. As you will have noticed, we have accordingly incorporated changes, such as the use of a larger type face for article titles and feature captions, movement of the table of contents to page 1, increased use of colour and the provision of brief summaries of articles.

About 10% of the respondents commented on the distribution of the *Exchange*. We hope that our initial problems in processing individual requests for subscriptions have been solved to your satisfaction. We have now arrived at the point that we will be able to broaden our distribution and publicity policies.

Finally, we would like to say: do not hesitate to write to us about your experiences, problems and successes in AIDS health promotion and education! ■

SUBSCRIPTIONS

Please enter my subscription to **AIDS Health Promotion Exchange** at the 1990 subscription price of Sw.fr. 20. – /US $16. –

NAME _____
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❑ English ❑ French ❑ Spanish

❑ Payment enclosed
❑ Please charge my credit card
❑ Visa ❑ American Express
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Card number _____
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Return to: World Health Organization, Distribution and Sales, 1211 Geneva 27, Switserland

GLOBAL BULLETIN BOARD

AIDS Action

Quarterly newsletter for health workers, international and local non-governmental organizations, community groups, teachers and those in the media, published by the Appropriate Health Resources and Technologies Action Group (AHRTAG). It appears in English, French, Spanish and Portuguese and is free of charge for subscribers in developing countries. *AIDS Action* covers all aspects of AIDS and contains a four-page insert from the World Health Organization, "WHO Report", to keep readers up-to-date on worldwide AIDS prevention and control activities. Further information: AHRTAG, 1 London Bridge Street, London SE1 9SG, United Kingdom. ■

WHO AIDS Technical Bulletin

Monthly bibliographic newsletter published by the World Health Organization in collaboration with the Bureau of Hygiene and Tropical Diseases. It appears in English, French and Spanish, and is free of charge. The *WHO AIDS Technical Bulletin* includes an extended précis with an editorial commentary, of papers of major importance in the areas of: transmission, epidemiology, clinical aspects, serology and diagnosis, treatment and prevention and control. These précis are followed by abstracts of important papers, which may include evaluative comments from a member of the Bureau's panel of abstracters. Original documents can be requested from the Bureau of Hygiene and Tropical Diseases. Further information: WHO AIDS Technical Bulletin, GPA, WHO, CH 1211 Geneva 27, Switzerland. ■

WorldAIDS

News magazine published every two months in English by the Panos Institute in association with the Bureau of Hygiene and Tropical Diseases. Each issue of *WorldAIDS* comprises: the latest news on AIDS from correspondents around the world; a special report on a critical aspect of AIDS, health and society; a regional country-by-country statistical profile of AIDS cases and HIV infection. The subscription price is US $25 per year. Limited funding is available to make *WorldAIDS* available free of charge to organizations and individuals in the Third World. Further information: WorldAIDS, 8 Alfred Place, London, WC1E 7EB, United Kingdom. ■

AIDS Watch

A regular supplement of *People*, the quarterly population and development magazine published by the International Planned Parenthood Federation (IPPF), in English, French and Spanish. It is also available separately, free of charge. *AIDS Watch* covers topics in the area of AIDS prevention and care, especially related to developing countries. Special emphasis is given to activities of non-governmental organizations and small community-based groups. It has regular reports on the AIDS activities of IPPF and the League of Red Cross and Red Crescent Societies. Further information: IPPF Distribution Unit, PO Box 759, London NW1 4LQ, United Kingdom. ■

AIDS Health Promotion Exchange is published by the Global Programme on AIDS of the World Health Organization, with the editorial and technical collaboration of the Royal Tropical Institute (KIT) in The Netherlands. In submitting articles, items for *Global Bulletin Board*, *Country Watch* and letters to the editor, please write to: Editor AIDS Health Promotion Exchange, Riet Berkvens, Royal Tropical Institute (KIT), Department of Information and Documentation, Mauritskade 63, 1092 AD Amsterdam, The Netherlands. Please send AIDS health promotion materials, reports and evaluations from your programmes to: WHO/GPA, Health Promotion Resource Centre (HPRC), 1211 Geneva 27, Switzerland. Articles appearing in this publication may be reproduced free of charge, providing that the source is credited and clippings are sent to the address below. The newsletter will continue to be available free of charge to organizations and individuals directly involved in health promotion for AIDS prevention, who are unable to pay for a subscription. Please apply to WHO/GPA, 1211 Geneva 27, Switzerland. Others are requested to help meet the costs through an annual subscription of Sw. fr. 20.– /US $16.– (See order form).

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AIDS HEALTH PROMOTION
Exchange

Word Health Organization
Global Programme on AIDS
Health Promotion Unit

1990 No. 2 ■

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EDITORIAL

World AIDS Day 1990 to focus on women

AIDS affects women, men and children around the world. Worldwide, WHO estimates that at least six million people are now infected with HIV and that approximately two million, or one third, are women. It is expected that by the end of 1992, a cumulative total of more than 350,000 cases of AIDS will have occurred among women. Thus, the number of women expected to become ill with AIDS during the next two years will exceed the cumulative total of AIDS cases reported to WHO during the first decade of the epidemic.

AIDS has a profound impact on women, both as an illness and as a social and economic challenge. Women play a crucial role in preventing infection with HIV and caring for HIV-infected people and people with AIDS. The low status of women in the family and society heightens their vulnerability to infection and other consequences of the epidemic. The stigma attached to AIDS can subject women to discrimination, social rejection and other violations of their rights.

It is therefore critical that AIDS prevention programmes pertaining to women be strengthened, taking into consideration that women's perceptions of their own risk of becoming infected with HIV and their abilities to protect themselves against it are highly variable and reflect their social, cultural, economic and ethnic backgrounds. It is most important that the special concerns which women encounter in their various roles be addressed.

In their role as sexual partners, women need to know how they can protect themselves against HIV infection. In view of their traditionally passive role in sexual decision-making in many countries, this implies not only having knowledge about HIV and AIDS but also the socio-economic support and the self-confidence and skills necessary to persuade partners to have safer sex. Clearly, any effort to influence women as sexual partners must be accompagnied by efforts to address men as well in order to convince them of their responsibility in practising safer sex.

In their role as future mothers, women have special concerns relating to pregnancy and childbirth. The relationships between safer sexual practices and pregnancy, bearing children and seropositivity are only some of the questions which many young women are facing. In their role as parents, women need to be able to talk openly about sexuality with their children or to ensure that someone else will.

Finally, as the primary providers of care at the household level and in much of the health system, women need to gain extensive support and knowledge on how to deal with a situation in which household members or

patients are seropositive or have AIDS. Efforts must focus on their needs and create an environment in which prejudicial attitudes and actions have been eliminated.

Different approaches are needed which will address these varied concerns and assist women in solving the problems they experience in relation to AIDS. The resolution on Women, Children and AIDS adopted by the Forty-third World Health Assembly, held in Geneva from 7-18 May, 1990, urges member states to recognize those concerns and problems both by supporting programmes which specifically promote the health of women and children and by assisting women in their crucial role in AIDS prevention and care. World AIDS Day 1990, which has "Women and AIDS" as its theme, will provide us all with the opportunity to focus on women's needs regarding AIDS and to stimulate the development of appropriate approaches for coping with them. ■

PROGRAMME FEATURE

AIDS information in the Mexico City Metro

Mario Bravo Rivera

The National Council for the Control and Prevention of AIDS (CONASIDA) in Mexico has been using the mass media in various ways since 1988 to provide the general public with information on AIDS. The most recent and most innovative approach has been an AIDS information campaign centred around the Mexico City Metro.

Context of the campaign

In May, 1989, CONASIDA invited representatives of various community groups (academicians, civil servants, prostitutes, priests, homosexuals and heterosexuals, political parties) to participate in a public forum concerning how society should approach the AIDS pandemic. Discussion centred on topics such as the roles of the government and mass media, sex education in schools, discrimination and violations of human rights and stigmatization. Three major recommendations came from this forum:

- AIDS should be treated as a public health issue, not a moral one;
- information should be straightforward; and
- non-governmental organizations and civil groups should assume a more active role in AIDS campaigns.

The Minister of Health ordered that immediate action be taken and 18 radio and TV spots were produced for an intermediate campaign. This campaign had two objectives. First, in order to relieve pressure on groups who had been stigmatized by previous campaigns, facts concerning epidemiological trends in the spread of the virus were presented. Second, public involvement in the fight against AIDS was encouraged by the use of testimonials by people such as an opposition party community organizer, teenagers, HIV-infected persons and a rock group; these all ended with the line: "This is what I am doing; and you...what are you doing?"

In the meantime, using seed money from AID/Mexico, CONASIDA obtained support from the government, the private sector and individuals (in the form of participation and contributions) for the production of a new campaign to be launched in the Mexico City Metro, the second largest subway system in the world which provides transportation for more than 5 million users daily.

The popular Mexican lottery game, which is played by Mexicans of all ages,

The graphic materials consist of 21 posters which include humorous popular sayings and lottery game characters. Some of them answer basic questions about AIDS prevention, while others are directed at specific target audiences.

BARÁJAMELA MÁS DESPACIO
¿Cómo aumenta el riesgo de contagio por el SIDA?
Las posibilidades aumentan cuando se tienen relaciones sexuales con muchas parejas diferentes. ¡Para evitar el contagio, usa condón y si eres mujer, exígelo!
EL SIDA no es cuestión de suerte, sino de VIDA o MUERTE
Para mayor información llama a TelSIDA 207-40-77

*"How is the risk of infection with AIDS increased?
The possibilities increase when you have sexual relations with many different partners. To avoid infection, use a condom and if you are a woman, demand it!
AIDS is not a question of luck but a matter of life and death."*

¡EL CORAZÓN!
Amorcito... No te hagas de mala sangre.
El virus que causa el SIDA se encuentra en la sangre de las personas infectadas. Si vas a recibir una transfusión, asegúrate que haya sido analizada.
¡Exige el sello de garantía!
El Corazón
El SIDA no es cuestión de suerte, sino de VIDA o MUERTE
Para mayor información llama a
TelSIDA 207-40-77

*"The heart! Darling... Don't mix with bad blood.
The virus that causes AIDS is found in the blood of infected persons. If you are going to have a blood transfusion, assure yourself that it has been tested. Demand the guarantee stamp!"*

was chosen as the campaign theme. It is similar to the game bingo and uses a board and cards which feature different characters along with popular sayings.

Campaign components

A variety of materials and techniques are being used in the campaign, which started on 1 December, 1989. Pretesting in focus groups, comprising passengers from different subway stations, allowed us to detect language acceptance and to determine which elements would be most attractive, understandable and acceptable. We found that the concepts conveyed were largely accepted and understood; some of the messages were adjusted according to input provided by the passengers interviewed.

The graphic materials included 21 posters with humorous popular sayings and the lottery game characters. Some of them answer basic questions about AIDS prevention, while others are directed at specific target audiences, stressing the fact that information is the best weapon against AIDS. Particular attention is focused on women, underlining the fact that AIDS is advancing most rapidly now in Mexico among them; they are encouraged to insist that their partners use a condom. The posters are being displayed in subway cars, on concourses and metro platforms.

Another component of the campaign focuses on face-to-face and personal communication. This has been achieved in two ways. First, information centres

have been set up in key metro stations; they are staffed by medical personnel who have been specially trained by CONASIDA to answer questions from the general public and to refer people for blood testing and counselling. Second, a comprehensive hotline service has been established; 10 telephone lines operate around the clock so that callers can always obtain the information they wish.

In March, three spots on the lottery theme were aired on national television. Further activities will include the distribution of 2 million condoms, pins, stickers, pamphlets and matchbooks to metro passengers and the installation of an educational exhibition in the metro's Tunnel of Science, which will provide visitors with information about the HIV virus, routes of transmission and prevention methods.

Response to the campaign

Extensive evaluation has not yet taken place since not all of the campaign components are operational. At present, CONASIDA is being supplied with monitoring information from the hotline service; in late May, 1990, we expect to have the results of parallel evaluations being carried out by CONASIDA and the Communications Institute of Televisa (the largest broadcasting organization). It is possible, however, to provide some indications of response thus far.

Since its initiation, the campaign has provoked mixed reactions. The majority of the public have indicated their agreement with its concept and goals. Their response has been very positive in terms of support and use of the information centres and hotline service, which is answering numerous calls daily.

Nevertheless, a minority comprising ultra-conservative, quasi-religious protesters has begun a very intensive opposition campaign. They have organized marches, published denunciations of the campaign in major newspapers and even filed lawsuits against top health officials. These actions have in turn produced indignant reactions from other segments of society. Writers, including Gabriel García Márquez and Octavio Paz, non-governmental organizations and academic institutions have placed newspaper ads denouncing those who have tried to block the CONASIDA campaign; they are also speaking out in public in favour of individual liberties and freedom of expression.

The positive and negative responses have in any event generated enormous amounts of press coverage. This has fostered continuing public awareness and debate and helped spread the message that AIDS is everyone's concern. Public, private and non-governmental organizations have taken a stand on the growing AIDS problem and human rights and civic groups are now not only supporting CONASIDA but actually assuming a leadership role. In addition, we have learned that we cannot expect the government to work on the AIDS problem in isolation; that role can and should be shared with private and community groups.

Future activities

We feel that the lottery-based campaign has created a suitable environment in which other educational and training activities can take place. CONASIDA is now working to produce materials for the health sector (doctors, nurses, paramedics, laboratory workers, medical students, etc.) in order to provide them with more information on AIDS and safety measures which can be taken in dealing with the problem. It is hoped that this will help health workers adopt a compassionate attitude towards patients with AIDS and encourage them to take a more active role in prevention activities.

CONASIDA is also contemplating the production of educational kits for secondary school students and the working-class population; they will cover topics such as sexuality, sexually transmitted diseases and AIDS. Distribution of these materials could take place via the educational infra-structure and industrial organizations which deal with labourers' well-being.

In conclusion, it should be mentioned that the production of the abovementioned materials is being considered with the entire Latin American region in mind; in this way, we hope that national and international efforts will both see a greater return on their investments. ■

Mario Bravo Rivera, former executive director of CONASIDA, Calle Amores 1618, 7° Piso, Colonia del Valle, Mexico, D.F. 03100, Mexico.

GPA NEWS

New director for WHO Global AIDS Programme named

In March Dr Jonathan Mann resigned as Director of the WHO Global Programme on AIDS. The Director-General of WHO, Dr Hirosji Nakajima, has formally appointed Dr Michael H. Merson of the United States as new Director of GPA, on 14 May, 1990.

Dr Merson has been an international civil servant with WHO for 12 years, working as medical officer and programme manager for the WHO Diarrhoeal Diseases Control (CDD) Programme from 1978 to 1980, and as the Programme's Director since January 1984. In August 1987, he was also given responsibility for the WHO Acute Respiratory Infections Control (ARI) Programme.

Dr Merson will play a crucial role in implementation of the work of the Global Programme on AIDS, in accordance with the Director-General's philosophy of continuity with change. He undertakes the leadership of the Programme at a time when the Organization is confronted with major new challenges in the fight against the global epidemic including an acceleration of its work at country level, increased care for the ill through practical means, and the reinforcement of vital research activities.

World Consultation of teachers' organizations on education for AIDS prevention in Paris, 2-7 April, 1990

A determination to deal with both the human rights and pedagogical issues surrounding HIV in schools brought the four international teachers' representative organizations together for the first time this year. Though in many countries they are rivals for members and resources, the organizations (which together have organized 46 million teachers worldwide) believe the urgency of these issues requires that they begin to coordinate their work. One of the results was the First World Consultation of Teachers' Organizations on education for AIDS prevention, held in Paris, 2-7 April, 1990, in collaboration with WHO, UNESCO and ILO.

The Consultation was attended by 61 representatives from teachers' organizations in developing countries and 155 from developed countries. In addition to plenary sessions on HIV/ AIDS, human rights issues concerning teachers and students and teaching methodology, debates were held and presentations made in workshops organized both according to educational levels and regional areas.

The fact that governments and schools often do not involve teachers and their organizations directly in HIV-oriented curriculum development was a common complaint from both developing and developed countries. Inappropriate curricula which do not meet students' needs, do not fit into already overcrowded timetables and are difficult to teach have frequently been the result. Teacher training and support are often inadequate in helping teachers deal with the difficult behavioural and sexual issues which arise. Resources, ranging from condoms to counselling, are sometimes not available so as to allow students to act on what they have learned.

A narrow interpretation of the idea of "cultural sensitivity" is sometimes used by education authorities to prevent teachers and students from dealing with situations which arise in students' everyday lives. Moreover, it was reported that "societal risk factors" (for instance, the need for students to exchange sex for economic resources in order to stay in school in some countries) are not acknowledged in "personal responsibility" curricula, which assume students can simply "say no".

Schools are often foci for inappropriate fears about HIV transmission, AIDS, and social issues (for example, matters related to sexuality, illness and young people) which accompany the epidemic. Where adequate education and laws protect

HIV-positive teachers and students from discrimination due to fears about "catching" HIV, discrimination may still occur if those who are relatively healthy are nevertheless perceived as being too ill to function. Without adequate protection, HIV-positive teachers may also lose jobs or benefits because of assumptions made about their sexual or other social behaviours.

Teachers may also be threatened with job loss when they try to deal frankly in the classroom with "taboo" issues such as sexuality. Finally, although legal protection may be available for teachers and students already working or studying, HIV-positive people may not be able to obtain new teaching contracts, admission to courses or scholarships under the regulations of many institutions.

Teachers' representatives were joined by government representatives for an exchange of views during the last two days of the Consultation. The teachers made a powerful plea for additional resources, so that their organization representatives can participate directly in HIV health promotion in schools, and for legal supports to deal with all aspects of discrimination against HIV-positive teachers and students.

Additional participation and support for the Consultation were provided by the European Economic Community, the French Government and the Agence Française de Lutte Contre le SIDA.

Report by Diane Bennett, GPA consultant, WHO, Geneva. ■

COUNTRY WATCH

This regular column focuses on innovative AIDS health promotion materials and strategies. Brief notes from readers on evaluation results, rapid assessments or pre-testing are also included. Suggestions from readers on items for this column are appreciated.

Chile

The Centre for Education and Prevention in Social Health (CEPSS) in Concepción has been devoting special effort to creating educational channels to reach residents of their city and surrounding communities. Two of these projects have involved the production of a special video and the performance of skits in public places.

The video, a result of CEPSS' counselling and support activities, came about as part of CEPSS' response to a young seropositive man who asked them for help in 1989; his neighbours were ill-informed, had started to avoid him and had begun an initiative to evict his family from the neighbourhood.

In order to counteract this discrimination and the prevailing myths, CEPSS first prepared informative flyers which were distributed to all neighbourhood residents. Thereafter a meeting was held to inform them of the facts about how HIV can and cannot be transmitted. This personal approach produced very good results – attitudes changed and the neighbours began supporting the young man and his family instead. CEPSS therefore made the video, in which the young man and his family were interviewed as well as the neighbours, who related their initial reactions and how these had changed. The video is now being shown to other community groups and is used in training sessions for community educators. The young man also participates in these training sessions; only when the topic of seropositives' experiences comes up in the course does he reveal that he is infected with HIV, often to the great surprise of the other course members. This technique has proved quite effective; it helps break down stereotypes about seropositive persons.

In order to reach youths, another approach has been developed using skits performed at beaches and discotheques. During the skit, two team-members start a loud conversation about "their relationship" to attract the surrounding public's attention. One member of the couple tries to convince the other to have sexual

The HIV virus and condom costumes used for CEPSS' skits were produced simply, using foam rubber. The female version of the virus has a large bow on her head.

intercourse without condom protection. In the meantime, a third team-member, dressed as an HIV virus begins chasing the couple around. When it seems as though the virus will succeed in "killing" them, a fourth team-member dressed as a condom suddenly appears – one of the couple rushes to the condom and the virus itself dies before the eyes of the audience.

In order to counteract widespread attitudes that homosexual contacts are abnormal, the couples portrayed are sometimes gay; because CEPSS also wishes to overcome thinking patterns which emphasize sexual roles, the virus is sometimes portrayed as female and other times as male.

For more information on CEPSS' activities contact: Luis-Christian Rodriguez, CEPSS, Casilla 3440, Concepción, Chile. Tel. 56 – 41 – 233 298.

USA

We owe it to ourselves and to our children, an award-winning publication prepared by the National Native American AIDS Prevention Centre, is designed to serve as an introduction to STD education in Native American communities. Using elements of traditional art, poetry and legends, the booklet offers a unique approach to STD prevention and treatment (including condom use).

Another of their publications is AIDS, the basic facts, a manual for Native American Health and Human Service Workers. Topics covered are AIDS and substance abuse, STD-related attitudes, beliefs and psychosocial issues, traditional Native American medicine and AIDS, training and target groups. The manual also includes a sample of needs assessment, a lesson guide, samples of pre-tests and post-tests and other evaluation methods, references, transparencies for use in training and a glossary.

Her giveaway: a spiritual journey with AIDS is a video about an Ojibwa woman with AIDS. The story combines a strong sense of Native American traditionalism along with narration outlining clinical and psycho-social issues surrounding AIDS.

For futher information, contact: National Native American AIDS Prevention Centre, 6239 College Avenue, Suite 201, Oakland, CA 94618, USA.

Zimbabwe

Family A.I.D.S. Caring Trust (FACT) is a people-oriented, Christian-based AIDS counselling and educa-

tion service which was established in Zimbabwe in 1988. FACT has developed various educational materials, including leaflets, posters, a bimonthly newsletter, a 100-page illustrated training course and a 48-page illustrated booklet containing 100 questions and answers about AIDS

Recently, the organization started developing materials for use in oral education. They consist of 14-16 flashcards containing pictures without text which can be used in story-telling to different target groups. A short outline of the story is provided on the back of the flashcards. The story-tellers can adapt the style to the age and educational level of their audiences; the names of characters can also be changed according to local circumstances. After the story has been told, the pictures can be used as starting points for discussions and answering audience questions. The story-tellers also receive a list of questions which can be used as a guide for discussion.

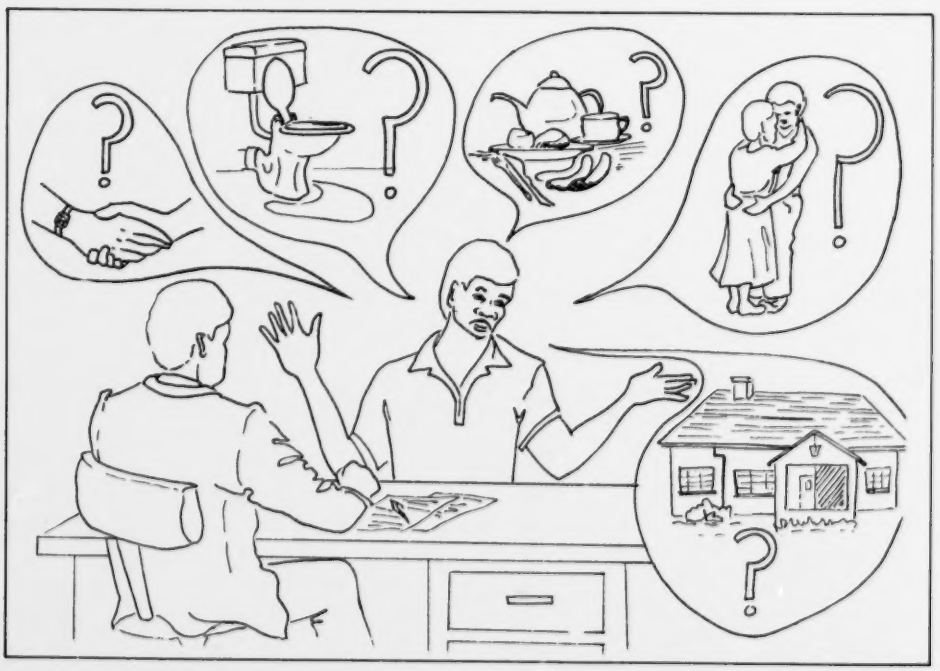
So far the stories in the series are aimed at working men, women, primary school children and high school students. Currently, FACT is evaluating this technique; they have already discovered that the stories are more effective if the flashcards are coloured in. Those wishing to obtain sets of the flashcards and storylines (price: £3.00) can contact: FACT, P.O. Box 970, Mutare, Zimbabwe, tel. 61648.

Soviet Union

In the Soviet Union, the non-governmental Association for the Struggle against AIDS has begun publishing a monthly newspaper on AIDS and sexual behaviour. The articles are written by doctors, psychologists and professional journalists; their main purpose is to provide the general public with sex and AIDS education. Although sex education is provided in the schools, the newspaper's publishers suspect that it is neither sufficient nor effective enough. In addition to providing information, the Association also hopes to influence public opinion and attitudes on homosexuality and drugs. At present, homosexuality and drug use are illegal.

Articles included in the first issue concerned facts about AIDS, homosexuality and condom use. Currently, efforts are being made to interview readers in order to determine those topics which appeal to them most.

According to Dr Vadim Pokrovski, president of the Association, the paper has become the most popular newspaper in the country. It sometimes only takes 10 minutes to sell 1000 copies! The first issue of the paper, published in November, 1989, had a print-run of 500,000; this increased to 2.5 million for the fifth issue. Currently, it is available in Moscow, Siberia and Belorussia; distribution occurs



Flashcard from FACT's story-telling series for high school students. The doctor is telling the boy, who is HIV-positive, that he cannot pass on the virus by touching others or by living in the same house or sharing plates and cups and toilets with other people.

The newspaper on AIDS and sexuality has become most popular in the Soviet Union

via local groups of activists and official newspaper stores.

For further information: Dr. Vadim Pokrovski, Specialized Research Laboratory for AIDS, Epidemiology and Prevention, 8-ga Ulitsa Sokolinoy Gory 15, 8-2, Moscow, USSR 105275.

The Netherlands

While quite a few educational campaigns have focused on encouraging sex workers to use condoms, not many have selected their clients as a target group. In The Netherlands a unique programme has been set up by the Sexually Transmitted Disease (STD) Foundation with this in mind. Because visiting sex workers is still somewhat taboo in Holland, the Foundation felt that condom distribution by "peers" would arouse less embarrassment and resistance among customers. They therefore enlisted the aid of MEP ("Men and Prostitution Foundation"), an organization comprising men who wish to make their role as prostitutes' clients a subject for social discussion.

Distribution takes place in red-light districts, after all relevant parties have agreed to the procedure (i.e., the sex workers, their employers, health authorities and the vice police). On the evenings concerned, MEP members distribute pamphlets in five languages to the sex workers and their employers, explaining the purpose of their activities. The distribution itself follows strict guidelines: clients may only be approached before they contact a sex worker; MEP members may not persist in their offers if they encounter negative reactions; and if "business" threatens to be disrupted, distribution must be stopped.

From January to November, 1988, condoms were distributed on 18 separate occasions; approximately 5000 clients were approached in nine towns and cities. Evaluation revealed that the target group's reactions were diverse; sometimes the distributors were ignored or their offers refused while often positive reactions were elicited ("they should do that more often"). A beneficial side-effect was that the prostitutes felt supported in their efforts to have safe sex; their employers regularly cooperated and even began distributing condoms themselves in clubs and brothels.

The distribution campaign is being continued and now attention is being focused on improvements. For example, thought is being given to the development of varied ways to approach the target group, given its heterogeneity. Personal contacts with clients after their encounters with prostitutes are also being considered, for instance via the organization of talk sessions on the evenings when condoms are distributed and the distribution of telephone numbers and addresses where clients can obtain further information.

Contributed by S. Biersteker, STD Foundation, Catharijnesingel 56, 3511 GE Utrecht, The Netherlands.

Federal Republic of Germany

In Hamburg, as in The Netherlands, governmental and non-governmental organizations have been cooperating in a programme targeted to sex workers' clients. A four-week campaign was organized in 1989; its high point was a rally on the Reeperbahn, located in one of the major prostitution areas, using the motto "Put it on man". The street was decorated with 160 imaginative posters, depicting condoms in all shapes, colours and sizes. From 10:00 p.m. to midnight about 60 people who work on AIDS-related matters paraded through the street; some participated as "walking billboards", wearing white overalls plastered with information. To attract attention, the parade included a troop of fire-eating comedians ("The Fire Department") and the samba group "Samburgo". At various designated spots, they performed their sketches and acts which emphasized the message "safety first".

Sex workers and others in the area spontaneously joined the parade and helped distribute information packets, which included matchbook covers containing condoms, miniature comics, beer coasters, buttons bearing the slogan "No rubber, no rub" and other gadgets with AIDS information. All of the condoms were accepted by the passersby.

When the parade arrived at the Opera House where the musical "Cats" was being performed, several cast members joined the group after the performance and handed out condoms and information to the crowds leaving the theatre.

The posters used for the parade were displayed for another six weeks in Hamburg's two other major prostitution areas. In the meantime, taxi drivers also participated in the campaign by passing out attractively-packaged condoms with directions for use to passengers with obvious destinations; 13,000 condoms were distributed in this way under the motto: "If a Hamburg taxi takes you there, you'll be safe round the clock, no matter where!".

The programme, which cost about DM 20,000, was successful in reaching the clients. The responses were quite positive; those who saw the parade were impressed by the original and unconventional means used to draw attention to the problems of AIDS and press coverage was favourable as well. The campaign will be repeated again this year.

Contributed by: Matthias Weikert, Leitstelle AIDS, Behörde für Arbeit, Gesundheit und Soziales, Tesdorpfstr. 8, 2000 Hamburg 13, Federal Republic of Germany, tel. 040/44 - 195 428.

Zambia

The Copperbelt Health Education Project is a non-governmental organization working within the framework of Zambia's national AIDS control programme; having already carried out a multi-faceted public education programme, the Project is now targeting specific audiences.

Their first effort involved the production of seven advertisements which appeared on the sports page of the Times of Zambia to mark World Health Day. The ads focussed on the following groups: parents, young women, young men, married couples and prostitutes and their clients. The last ad in the series provided some simple hygiene rules for those who care for AIDS patients.

For more information contact: Dr V. Chandra Mouli, Copperbelt Health Education Project, P.O. Box 23567, Kitwe, Zambia. Tel. 260 - 212 723. ■

Two of the advertisements appearing in the Times of Zambia, produced by the Copperbelt Health Education Project to mark World Health Day.

Parents: Please talk to your children about AIDS
KNOWLEDGE PROTECTS
This message has been brought to you by
Copperbelt Province AIDS Surveillance Committee
P.O. Box 70032, Telephone 610905, Ndola
It has been sponsored by
Copperbelt Health Education Project
P.O. Box 23567, Telephone 212723, Kitwe

FIFTH IN A SERIES OF SEVEN MESSAGES TO MARK
WORLD HEALTH DAY
(7th APRIL, 1990).
WATCH THIS SPACE TOMORROW.
BAR
I DO NOT WANT TO CATCH AIDS, BECOME SICK AND DIE! TO REDUCE THIS RISK, I USE A CONDOM EVERY TIME I HAVE SEX.
This message has been brought to you by:
Copperbelt Province AIDS Surveillance Committee
P.O. Box 70033, Telephone 610905, Ndola
It has been sponsored by:
Copperbelt Health Education Project
P.O. Box 23567, Telephone 212723, Kitwe

EVALUATION NOTES

Pre-testing of educational materials for village use in the Central African Republic

Simone Chaze

In the Central African Republic, a series of 15 posters was made for use by rural community workers in AIDS education sessions for adults, most of whom are illiterate. The series was developed and pre-tested by the Information, Education and Communication (IEC) team of the country's National AIDS Programme in cooperation with the Graphics Service of the Community Development Department of the Ministry of Social Affairs.

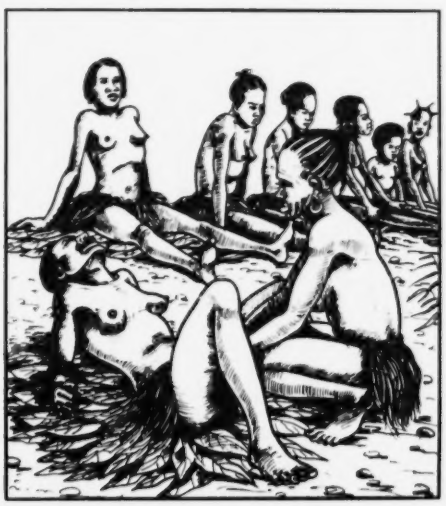
The preparation of the posters was an intensive months-long process, with lengthy discussions about the themes for inclusion, the style, the first drafts, etc. Various themes were considered for inclusion: routes of transmission of HIV, protection methods, risk and non-risk situations, etc. In preparing the posters the team had some difficulty in reaching a consensus on some of the topics. For example, discussion centred on: which characters or situations should be depicted (circumcision or scarification); possible comprehension difficulties regarding information on transmission between sexual partners and between seropositive people and their caretakers in daily life; and the (cultural) acceptability of demonstrating condom use. It was therefore decided to test the posters in small groups.

Pre-test preparation

Three villages were chosen within a 150-200 km radius of the capital city Bangui. One village comprised Muslim residents while the inhabitants of the other two villages came from various ethnic backgrounds and had animistic or Catholic beliefs. The villages were chosen to be representative of the context in which the posters would be used, that is, they had diverse populations and engaged in community activities led by rural associations or community development workers. The village heads were approached in advance by community workers who told them that the team would be visiting; however, they were not informed of the purpose of the visit.

Pre-testing in the villages

The tests were carried out by one of the two IEC team technicians; they were provided with a guide containing general advice and suggestions for questions to be posed after the villagers had commented spontaneously on each poster. The



HIV transmission via circumcision and its prevention. The villagers spontaneously identified the scene depicting HIV transmission via female circumcision but asked that it be made more realistic by showing the young women in traditional dress.

Both posters illustrating the chain of sexual transmission were maintained, so as to give equal emphasis to sexual transmission by men and women.

The majority of groups asked that the logo representing the HIV virus be shown with infected persons on the posters, so that the idea that anyone can be infected sexually comes across easily. This does not imply, however, that the suggestion should be copied for other audiences or in other circumstances.

head of the Graphics Service and the WHO consultant completed the team as observers/reporters.

In each village three successive $1^1/_2$- to 2-hour meetings were arranged for separate groups of women, men and youths. The national language (Sango) was used for the meetings, which took place in communal areas, such as a meeting hall or traditional house.

In some cases it took considerable time to arrange the meeting; however once started, the poster viewings and discussions proceeded well. The groups' participation was spontaneous and lively; they showed a great deal of interest and curiosity, also in those pictures whose comprehensibility and/or cultural appropriateness had been doubted by the team.

At the end of each session, the participants were given information and condoms; the posters were left with village authorities.

Evaluation

A comparison was made of the nine groups' reactions to each individual poster. Overall, no differences in understanding were observed between the groups, despite their different composition. All 15 posters were thought useful and necessary (we thought that some duplicated one another) and most were well understood except for a few details.

For example, reservations held by some IEC team members concerning the clarity of the image depicting female circumcision (in a poster illustrating HIV transmission via the blood in four daily-life scenes) appeared unfounded; the villagers spontaneously identified the scene but asked that it be made more realistic by showing the young women in traditional dress.

A fear that two posters illustrating the chain of sexual transmission (initiated respectively by a man and a woman) would be too abstract was unfounded as well. The villagers understood well how the virus is transmitted sexually; instead of choosing one of the two posters they asked that both be retained, so as to give equal emphasis to sexual transmission by men and women.

Whereas some IEC team members predicted that the poster representing condom use would not be found acceptable, it turned out that the groups did not find it shocking – they requested that all the details be retained.

An important issue was brought up in connection with the logo which was chosen by the National AIDS Committee at the start of the anti-AIDS campaign to indicate the presence of the virus. The logo depicts a night bird of prey with pronounced claws. The majority of groups asked that it be shown with every person infected by the virus on the posters, so that the idea that anybody can be infected sexually comes across more easily.

Conclusion

Modifications were made on the basis of the groups' responses and suggestions in order to facilitate comprehension by the target audience. This does not imply, however, that suggestions such as the use of the logo should be copied for other audiences and in other circumstances.

We have concluded that the procedure used to test and further develop the posters was very beneficial for all those involved. The IEC technicians' confidence was reinforced by the support they received while the group participants, who represent a population as yet little touched by the AIDS epidemic, were made aware of the need for information concerning AIDS. The pre-testing also indirectly functioned as a catalyst for providing information on AIDS.

A total of 600 poster sets has now been printed; they will be distributed together with a booklet via prevention networks (such as family planning programmes), rural and community workers, etc. ■

Simone Chaze, GPA consultant, WHO, Geneva.

Women and STD-AIDS: evaluation of a training kit for low-literates in Cape Verde

Mariella Baldo and Maria de Lourdes Monteiro

In 1989, the Ministry of Health in Cape Verde developed and evaluated a training kit for use by members of the Organization of Cape Verdian Women, who were trained to act as facilitators for two-hour talks on STD-AIDS with minimally literate women.*

Special care was taken in the development of the kit: though the texts are in Portuguese, the official language, Creole discourse patterns are used so that the facilitators can easily translate the written text into oral Creole, the main language spoken in Cape Verde.

The kit includes a manual and posters corresponding to 10 units which cover: 1) an introduction to the subject matter, 2) STD and AIDS, 3) people with HIV and people with AIDS, 4) how one can and cannot get the virus, 5) the difference between being a carrier and having AIDS, 6) how to avoid AIDS (discussion), 7) how to avoid AIDS (conclusions), 8) STD, AIDS and pregnancy, 9) AIDS in the family and at the workplace and 10) what we can do.

Between 23 September and 12 October, 1989, an evaluation was carried out in four zones of St Vincent Island to determine whether the manual was being used as initially envisaged and to analyse the following factors:

- the group members' receptivity to the subject matter and their resulting level of participation;
- the use of posters as supportive materials;
- the written language and methods used to ensure that the messages were understood well;
- how the ideas handled in the manual were being translated from Portuguese to Creole;
- the integration of the manual's 10 units during the sessions; and
- communication between the facilitators and group members.

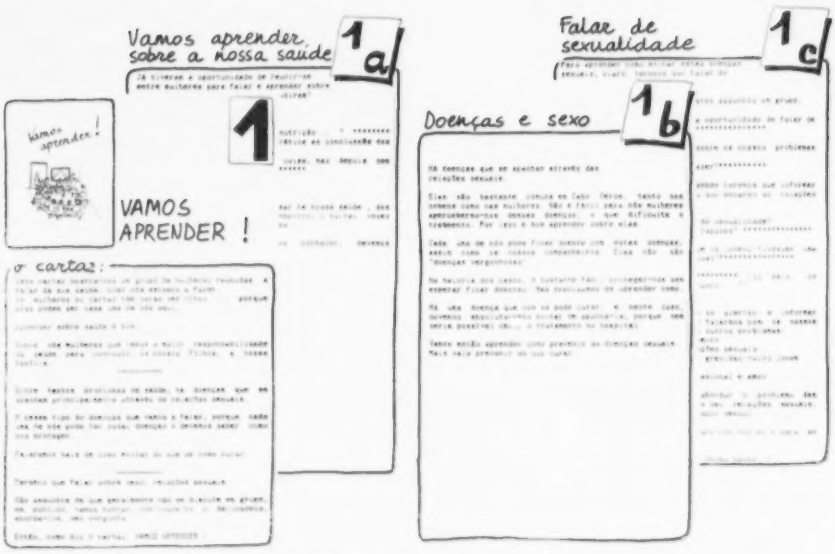
The evaluation took place through observation of facilitators at work; notes were taken and videos of their presentations were made.

Unit 1: "Let's learn!" Introduction

Findings

The participants in the sessions observed were mostly women aged 20-45 years; they represented almost all social classes, including rural and illiterate women, housewives, civil servants and primary school teachers.

They proved to be very preoccupied with the subject of AIDS because certain practices and behaviours which can contribute to transmission of the virus are widespread; they were therefore very interested in the explanations provided. Moreover, the women did not show resistance or excessive embarrassment in dealing with issues related to sex.



All of the facilitators followed the manual with ease; its "a,b,c" structure helped them to keep to the proper sequence. However, the title and main message on each page of the manual were often ignored, perhaps because they were located outside the frame containing the rest of the text.

They interpreted all of the posters except two correctly. One exception concerned the difference between STD and AIDS (often it was not understood that AIDS is a sexually-transmitted disease). The other poster which evoked misinterpretations was related to "Sex and AIDS" (some believed that the word sex referred to all sexual contact rather than casual sex).

All of the facilitators followed the manual with ease; its "a,b,c" structure helped them keep to the proper sequence. When in doubt, they did not find it difficult to read the text (which was printed in large letters) and they had no problems in translating it from Portuguese to Creole. However, we observed that the title and main message on each page of the manual were often ignored, perhaps because they were located outside the frame containing the rest of the text.

The manual's division into 10 units allowed the facilitators to provide systematic explanations. The third unit did prove a bit problematic: our intention was that the facilitators would talk mainly about HIV infection but instead they focused on patients with AIDS. It is still difficult for people who are not trained as health workers to conceptualize the difference between infection and disease – more effort should therefore be put into devising effective images to explain it. There were also a few problems with the order of units 6 and 7; we had envisaged the group first discussing how HIV transmission can be avoided and then the facilitators providing information on protection methods but the facilitators felt more comfortable reversing this order.

The pattern of communication which took place between the facilitators and group members was strongly related to the facilitators' personality traits and style. Although they all tried to encourage discussion as suggested in the manual, some were better than others in actually getting the audience to participate. This indicates that the selection of trainees is very important and that their communication skills must be taken into consideration.

Adaptation of the training kit

The assessment showed that the manual is a good tool for facilitators, not only because it contains basic knowledge but also because the information is systematized and illustrated by posters. This method enables the facilitators to convey messages correctly and reinforces their self-confidence. The use of large print is another positive element in the manual because it allows the facilitators to find the main messages and key ideas quickly.

Based on the evaluation findings, we have nevertheless decided to adapt the training kit in several ways:

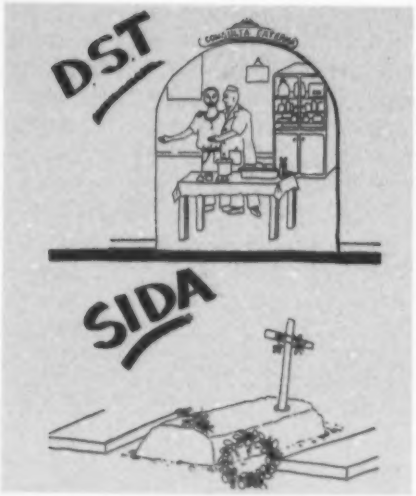
- the main messages on each page of the manual will be included in the frame containing the other text;
- the order of units 6 and 7 will be reversed;
- each poster will be numbered in correspondence with the unit to which it refers; and
- the poster on STD-AIDS will be divided into two parts with the headings "Syphilis and gonorrhoea" and "AIDS".

We further propose that more facilitators be trained and that the first group receive an update course. It may also prove feasible to use selected pages from the manual for radio programmes and articles in newspapers.

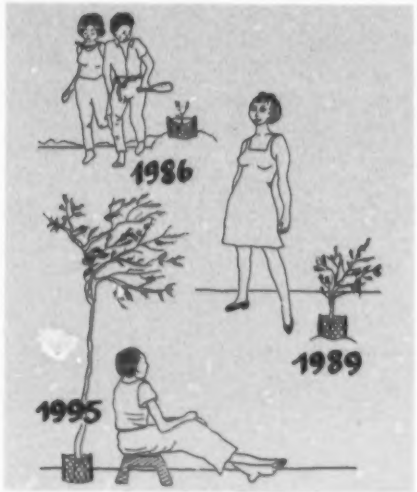
Given the training kit's design, use of illustrations and use of language, we feel that it can be easily adapted for use with other social groups such as youths and workers. ■

Mariella Baldo, GPA consultant, WHO, Geneva, and Maria de Lourdes Monteiro, Ministry of Health, Cape Verde.

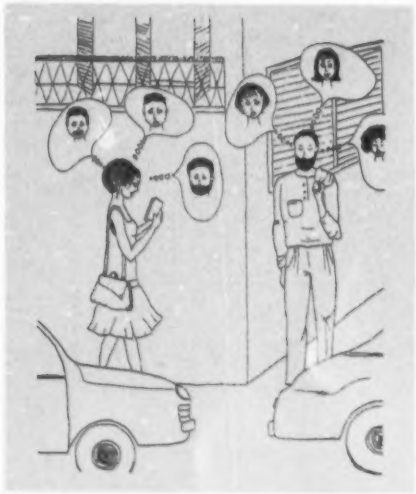
* See Exchange, 1989, No. 4, p. 11.



Unit 2: STD and AIDS



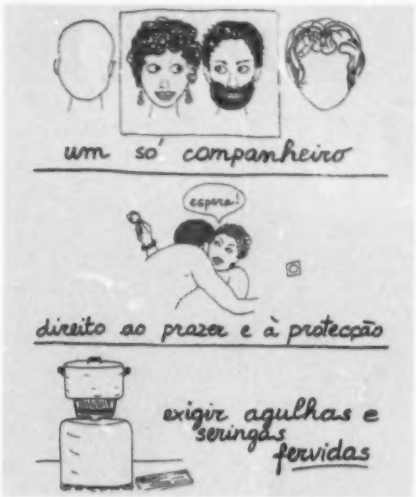
Unit 3: Being HIV-infected, being sick with AIDS (as an individual)



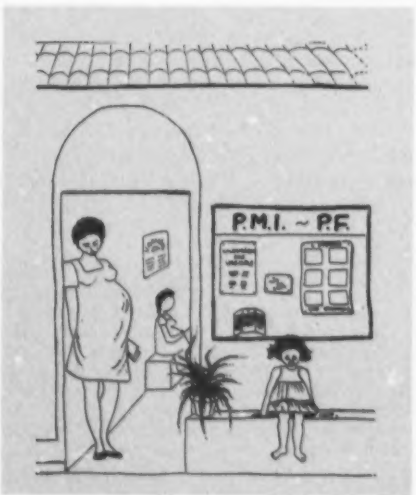
Unit 4: How one catches the infection

Unit 5: HIV infection and AIDS (as a community)

Unit 6: "If ... then" Can we avoid AIDS?



Unit 7: That's how we can avoid STD, HIV, AIDS



Unit 8: Being pregnant and STD/HIV/AIDS

Unit 9: Living with HIV carriers and AIDS patients at home/at work

Unit 10: "Sex and AIDS – love and life". Objective: to promote action on STD and AIDS

GLOBAL BULLETIN BOARD

The Third International Symposium on AIDS Information and Education, jointly organized by the Government of the Philippines and the World Health Organization, will be held in Manila, the Philippines, from 3 to 7 February, 1991. "Health Promotion in Action" is the theme selected for this latest in a series of symposia devoted to health promotion to prevent the spread of HIV and reduce the impact of AIDS. Plenary sessions, parallel panels and workshops will address five action areas: developing personal skills, strengthening community action, reorienting health services, creating supportive environments, and building healthy public policy. Within each of these areas, presentations will focus on priority target audiences and topics of particular interest, such as AIDS and human rights.

If you would like to participate as a speaker, poster presenter, workshop leader, media representative or observer, please contact: Manila Symposium '91, Foreign Assistance Coordination Service, Department of Health, Manila, the Philippines. Tel. 632 – 711 – 9582; fax 632 – 711 – 6055; telex 40438 DOHPHIL. Or: WHO, Regional Office for the Western Pacific, P.O. Box 2932, 1099 Manila, the Philippines. Tel. 632 – 521 -8421; fax 632 – 521 – 1036; telex 27652. ■

WHO recently cooperated in the production of six postage stamps in English, French and German which carry the message "Fight AIDS worldwide"; they were issued on 16 March, 1990, by the United Nations Postal Administration.

The stamps, designed by artists from Colombia, the Federal Republic of Germany, the Republic of Korea and Poland, are available at UN postal counters and offices worldwide, stamp dealers and by mail order and are valid for postage at the UN post offices in New York City, Geneva and Vienna. People not residing in these cities can also send their mail to the three UN post offices for "re-mailing" with the AIDS stamps.

WHO is also urging national postal services to issue stamps on the subject of AIDS as an expression of national and collective will to tackle the problem and to provide individuals and organizations with an opportunity to take direct and specific action to demonstrate their commitment to help fight AIDS. Eleven countries have thus far recognized the educational value of postage stamps, issuing AIDS-related stamps in 1988 and 1989: San Marino, Yugoslavia, Uganda, Bhutan, Congo, Ethiopia, the Maldives, Italy, Niger, Mexico and Myanmar. ■

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